

## AUTHORIZATION AND RELEASE FOR EMPLOYMENT RECORDS

To: \_\_\_\_\_  
(name of employer)

I hereby authorize and request the above named company, business, institution, firm or corporation, to release upon presentation of this authorization, to any member of The Swafford Law Firm, PLLC copies of any and all material or information pertaining to the employment or prospective of **CHRISTIE ANDREWS**, including but not limited to the following:

all applications of employment, resumes, records of all positions held, job descriptions of positions held, payroll records, W-2 forms and W-4 forms, performance evaluations and reports, statement and reports of fellow employees, attendance records, workers' compensation files, all hospital, physician, clinic, nurse, psychiatric and dental records, x-rays, test results, disability claims, or work-related accidents, including correspondence, accident reports, injury reports and incident reports, insurance claim forms, questionnaires and records of payments made, pension records, disability benefit records, all records regarding participation in company sponsored health, dental, life and disability insurance plans, and any other records concerning employment with the above named institution.

You are hereby released from any and all liability in connection with the disclosure of records, documents, writings and physical evidence to the above firm.

This authorization is continuing in nature and is to be given full force and effect to release any and all of the foregoing information learned or determined after the date hereof. This authorization will expire upon the entry of the Order of Dismissal in the matter styled *Christie Andrews v. Tri Star Sports and Entertainment Group, Inc.*, currently pending before the U.S. District Court, Middle District of Tennessee, Case No. 3:21-cv-00526.

This authorization also includes the authority to copy and inspect any and all such reports.

A copy of this authorization may be used in place of and with the same force and effect as the original.

Christie Andrews  
Name of Employee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number of Employee

\_\_\_\_\_  
Date of Birth of Employee